

Name
in
Full

Emma Elizabeth Annoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Oliver P Annoe				
Father's Name	Levi Annoe Mann					Father's Birthplace
Mother's Maiden Name	Elizabeth H. Mann					Mother's Birthplace
Name of person giving Information	Curtis Annoe					How related to deceased

CAUSES OF DEATH

Primary Acute Coagulated Nephritis (X) How long

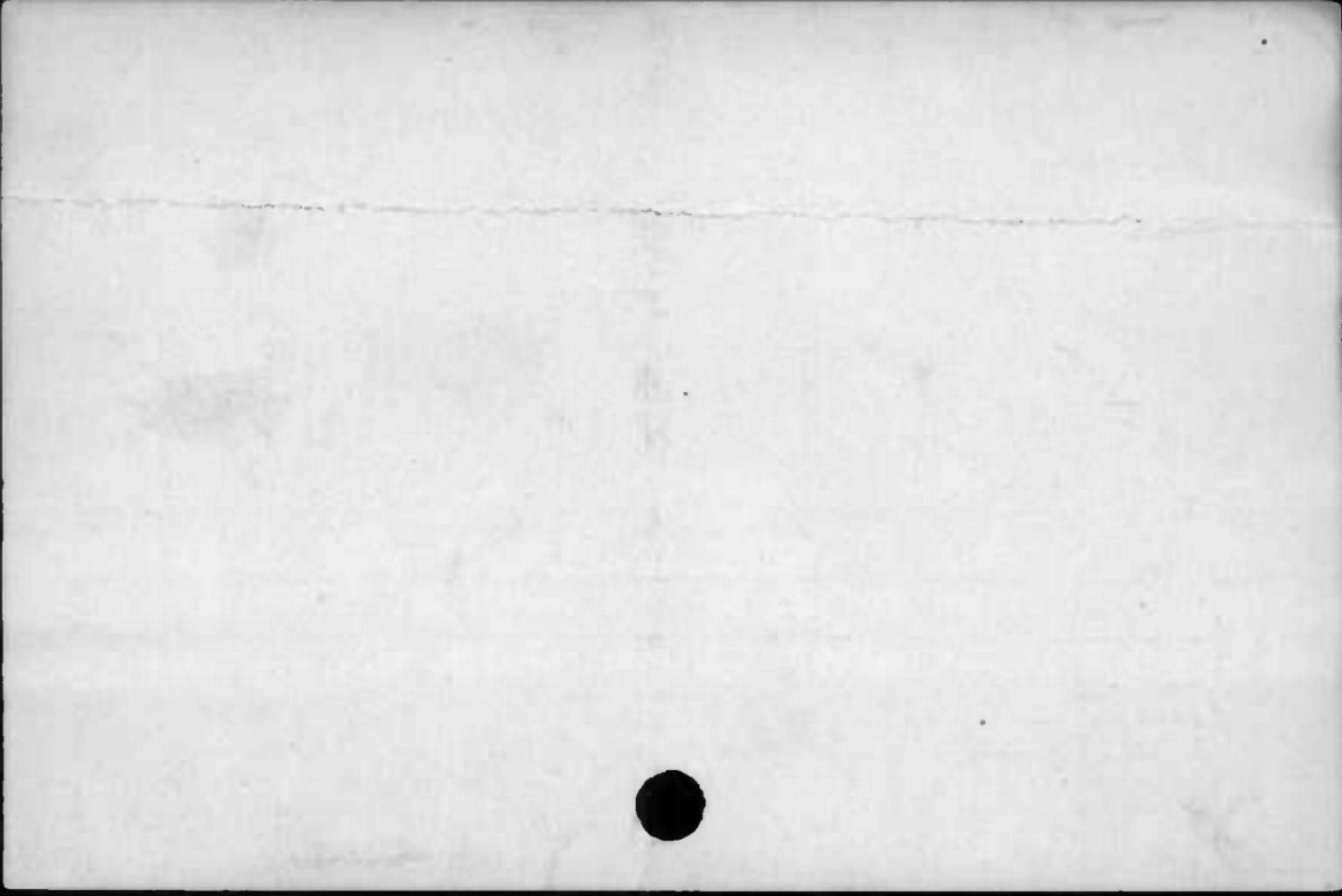
Immediate Eupenic Coma 20 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John W. Webb Jr.
West Friendship
Howard County, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Brooklyn</u>		County <u>Baltimore</u>		
Date of death <u>1906 Nov 10</u>	Month <u>Nov</u>	Day <u>10</u>	Age <u>Years</u>	Months <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lochona</u>		
Occupation		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name <u>Harry H. Becroft</u>	Father's Birthplace <u>Oakland</u>			
Mother's Maiden Name <u>Mauda E. Becroft</u>	Mother's Birthplace <u>Arlington</u>			
Name of person giving information <u>H. L. Becroft</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions (1)

How long

Immediate

How long

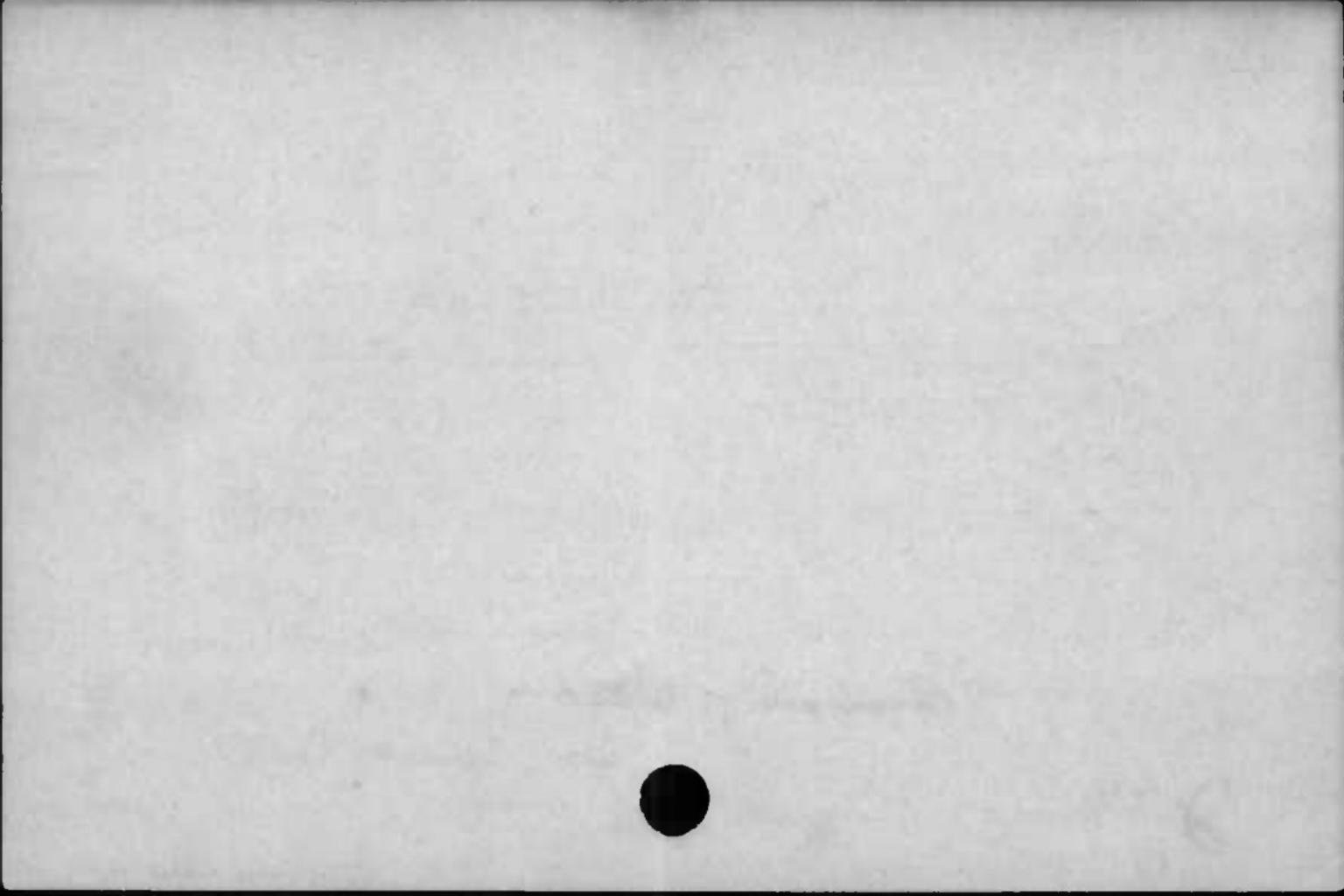
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R.H. Belle
Harringtonville
Baltimore Co

Accident or Suicide?



Name in Full

Certificate of Death

John A. Beurdick 150
 Town County
 Union Bridge Carroll

Died at

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Male

White

Age 52 - -

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Sarah Benedict

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

death sudden

Death

Immediate

Paralysis of heart

Accident, Suicide, Homicide

Reported by

or James Will

Address

Union Bridge Rd.

Must be signed by physician, if any in attendance, otherwise by , undertaker or minister.



Name
in
Full

Elizabeth Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Daniel</u>	Town	County	MARYLAND		
Date of death <u>1906</u>	Month <u>1</u>	Age <u>21</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Scotland</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>near Daniel, Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>George Brown</u>	Father's Birthplace <u>Ireland</u>			
Father's Name <u>Hugh Cavanagh</u>	Mother's Birthplace <u>Scotland</u>				
Mother's Maiden Name <u>Elizabeth Day</u>	How related to deceased <u>Husband</u>				
Name of person giving information <u>George Brown</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

6 mo

Immediate

Uremia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

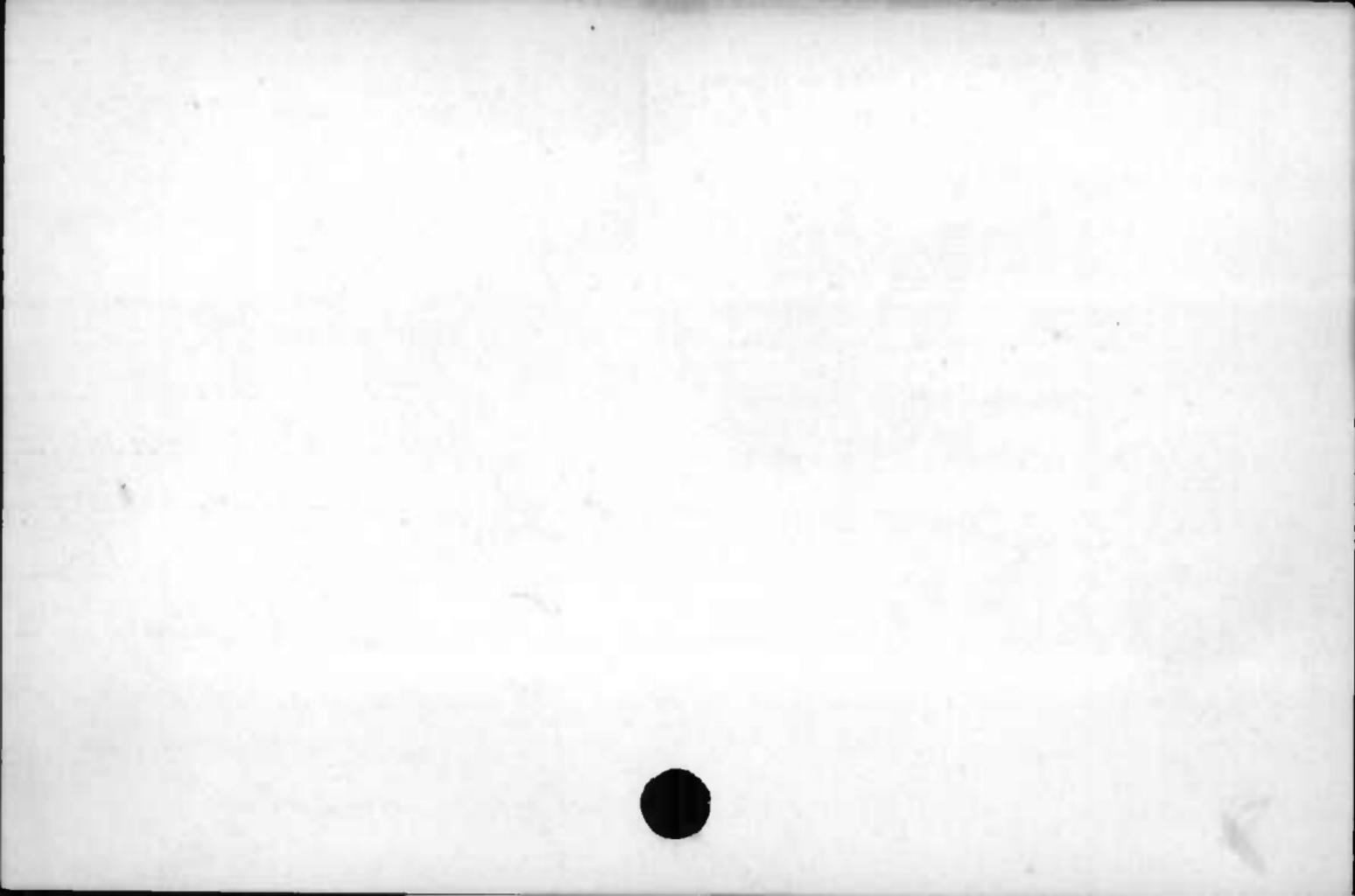
yes

Signature of Physician

Address

E. D. Clark
Winfield

Accident or Suicide?



Name
in
Full

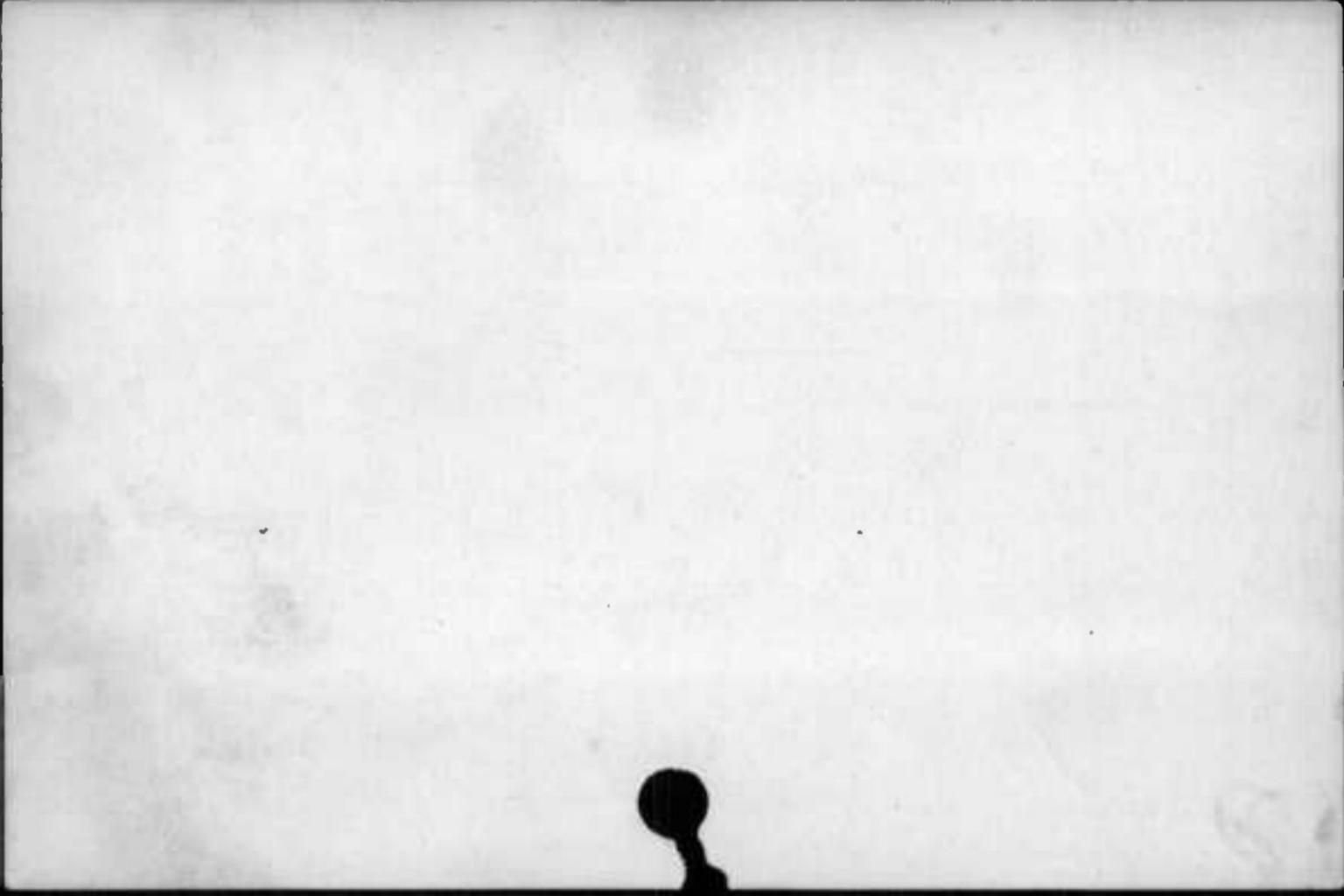
Josias W Dehoff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Susanna Dehoff	Father's Birthplace	Carroll
Father's Name	Jacob Dehoff				
Mother's Maiden Name	Wheeler				
Name of person giving information	J N Dehoff				
CAUSES OF DEATH					
Primary	Prostatitis				
Immediate	(N5)				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address				
Accident or Suicide?	J H Sherman M.D. Manchester - Md				

PHYSICIAN
OR CORONER



Name
in
Full

Infant of J. O. DeVries Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

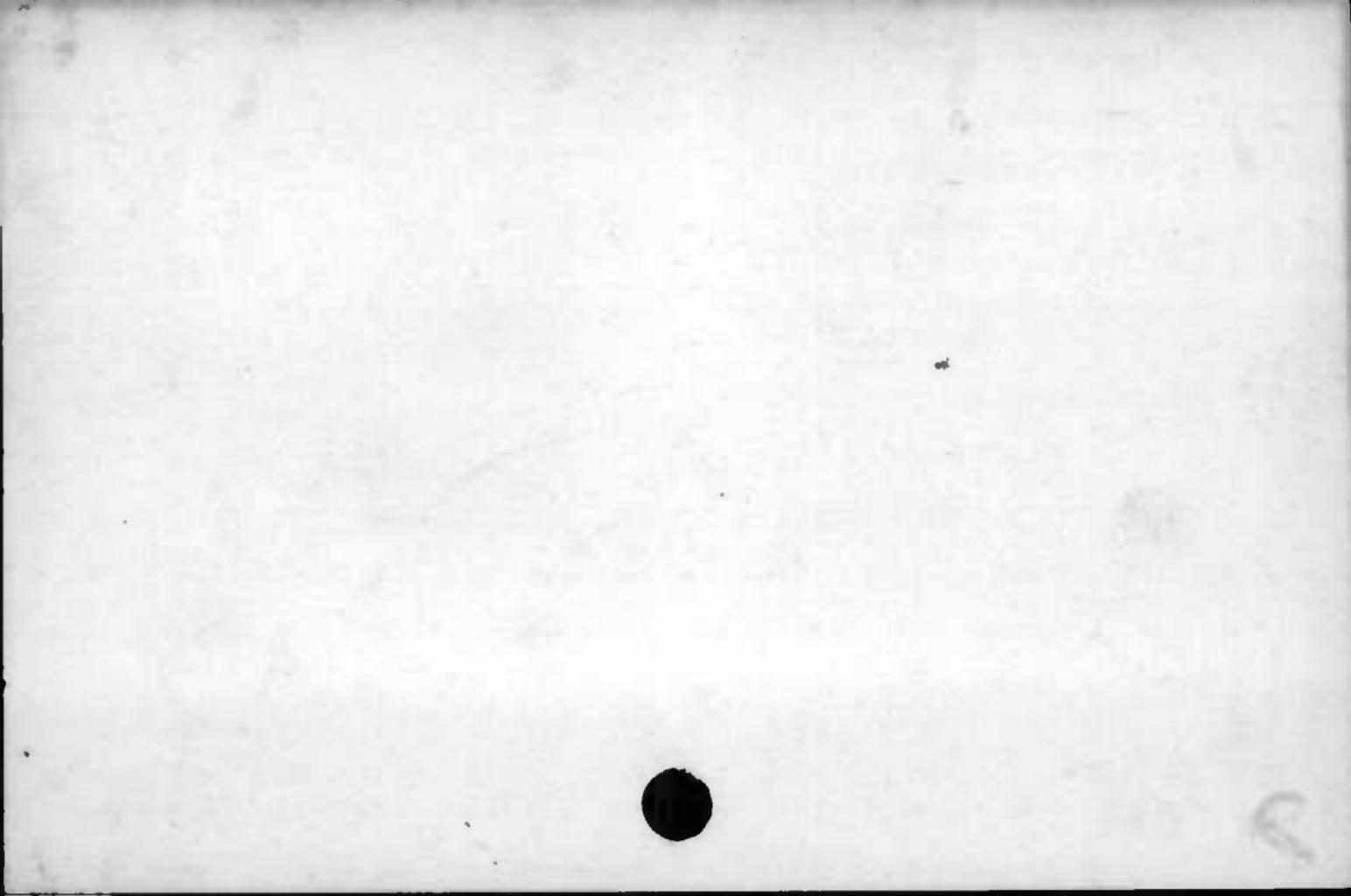
Died at <u>Eldersburg</u> Town	County <u>Carroll</u>	MARYLAND			
Date of death <u>1906</u> Month <u>Nov.</u>	Day <u>9</u>	Age <u>—</u>	Months <u>—</u>	Days <u>10 hrs</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>nurse</u>	Where Residing if not at place of death <u>same</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Md.</u>			
Father's Name <u>J. Oliver DeVries Jr.</u>	Mother's Maiden Name <u>Emma Koller</u>	Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>J. O. DeVries Jr.</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Premature Birth</u>	How long <u>8 mos.</u>
Immediate <u>Congenital Cyanosis</u>	How long <u>150</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M D Morris MD.</u>
	Address <u>Eldersburg</u>
Accident or Suicide? <u>No.</u>	

PHYSICIAN
OR CORONER





Name
In
Full

Joseph Dodson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Carroll	Months	Days
Date of death 1906	Month Day	Age 73	25 -
Sex	Color or Race	Birth- place	Ind
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	George Dutcher	Mother's Birthplace	
Mother's Maiden Name		How related to deceased	
Name of person giving Information	Amar Knicker		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

64

How long

Immediate

Cerebral Congestion

How long

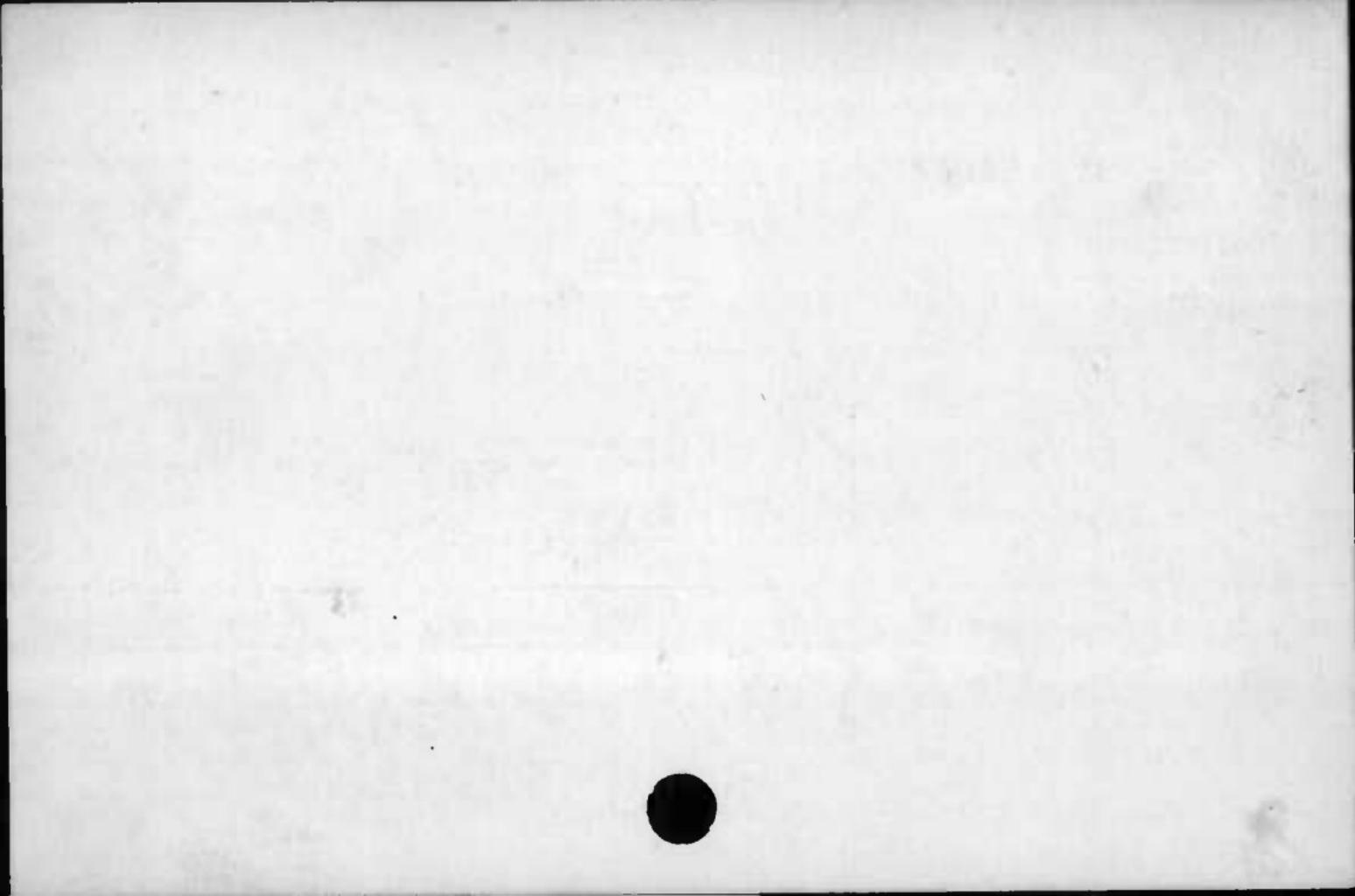
Are the name, age, sex, color, date
and place correctly given above?

Signature of
physician

Address

Accident or Suicide?

Joseph Stewart



Name
in
Full

James Edward Dawson

149

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Morganwood

Town

County

MARYLAND

Date of death 1906

Month Nov.

Day 18

Years 2

Months 4

Days 11

Sex Male

Color or Race

(Blond)

Birth-place

Baltimore Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Edward Dawson

Father's Birthplace

Baltimore Co.

Mother's Maiden Name

Elzie Milbey

Mother's Birthplace

" "

Name of person giving
Information

Grand Mother

How related
to deceased



CAUSES OF DEATH

Primary

Congrobius fist Meningitis

How long

five days

Immediate

Heart Failure

How long

1/2 hour

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

D.C. Hoff
Muske Bridge
Md.

Accident or Suicide?

not Olive

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Maggie V. Dudderar

Town,
Sykesville

County

Carroll Co

MARYLAND

Died at

Date
of death

1906

Month

Nov

Day

9

Years

87

Age

Months

!

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Singl

Name of Wife or
Husband

Father's
Name

Frank B. Dudderar

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret A. Dudderar

Mother's
Birthplace

" "

Name of person giving
Information

Mrs M. A. Dudderar.

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Aciclas

How long

5 days

Immediate

Emphysema

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Norfolk Morris M.D.
Springfield Hospital,
Sykesville Carroll Co Md

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Lloyd Emanuel Eckersole

No 98
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Frederick M. Eckersole			Father's Birthplace
Mother's Maiden Name	Mary C. Coque			Mother's Birthplace
Name of person giving information	Margaret J. Eckersole			How related to deceased

PHYSICIAN
OR CORONER

DR

CAUSES OF DEATH	
Primary	Ptosis Pulmonalis
Immediate	Hemorrhage
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

St John's Catholic
Cemetery
Slater,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Pearl E Elsrood						CERTIFICATE OF DEATH	
Died at Hockerville			County Carroll			MARYLAND	
Date of death 1906 November	Month	Day 11	Age	Years	Months	Days	
Sex Male	Color or Race					Birth-place	
Married, Single or Widowed	Occupation Constantine E Elsroader						
Name of Wife or Husband	Constantine E Elsroader						
Father's Name	Eugene Elsroader				Father's Birthplace	Hockerville	
Mother's Maiden Name	Ida Milligan				Mother's Birthplace	I. Lawrence	
Name of person giving information	Samuel Elsroader						

CAUSES OF DEATH

(a)

Primary

Broncho Pneumonia

How long

3 days

Immediate

Strangulation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R F Richards M.D.
Campfield

Accident or Suicide?

11

Name
in
Full

Thomas H. Gibore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death 1906	Month Nov.	Day 28	Age 44	Months	Days
Sex Male	Color or Race White			Birth-place Md.	
Occupation Laborer		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name H. F. Gibore				Father's Birthplace	
Mother's Maiden Name Rebecca				Mother's Birthplace	
Name of person giving information Hospital records				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paroxysm



How long

5

Immediate

General debility

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

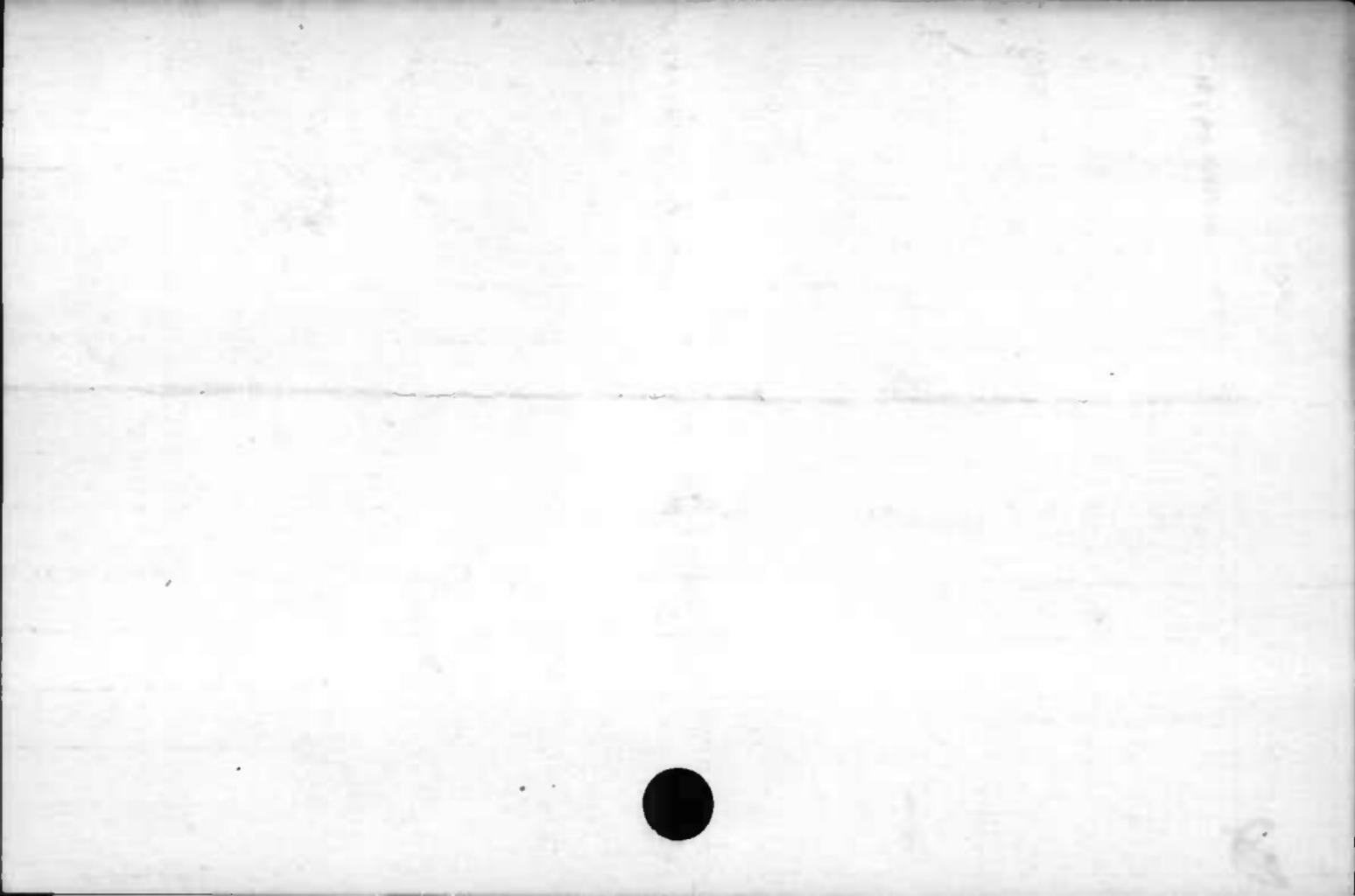
Char. J. Carey
Lyonsville Md.

Address

8

Accident or Suicide?

No



Name
in
Full

Albert John Brown

CERTIFICATE OF DEATH

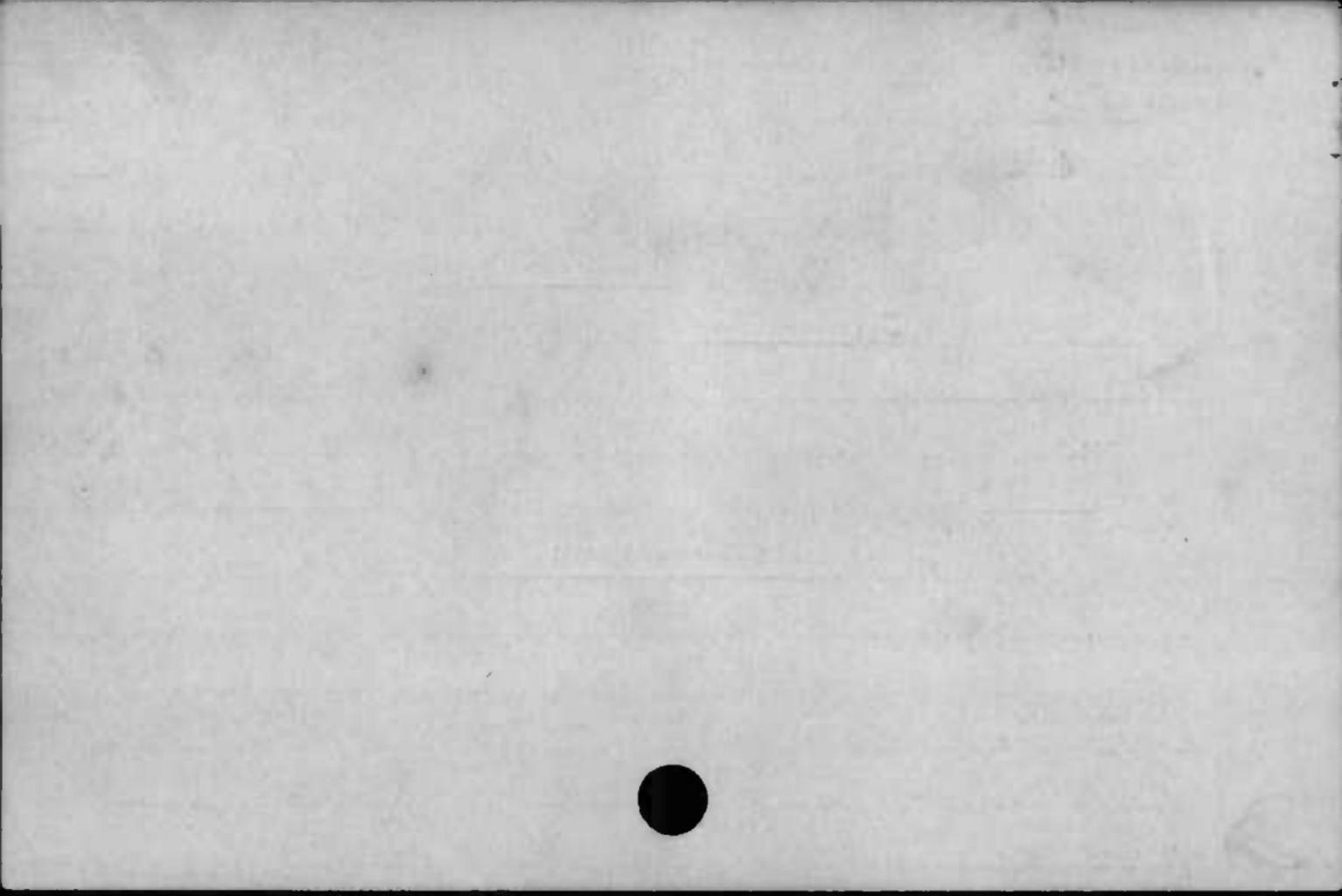
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Annie St. John	Mother's Name	Mother's Birthplace
Name of person giving information	Maynard St. John	How related to deceased	Relative

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Overdose comf	(9)	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Pittsfield
		Address	Garrisonville Baltimore Md
Accident or Suicide?			



Name
in
Full

Guy B Green

No 95

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month Day	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Mariion Green	Father's Birthplace	Maryland
Mother's Maiden Name	Clara Rees	Mother's Birthplace	40
Name of person giving information	Mariion. Green	How related to deceased	Father

CAUSES OF DEATH

Primary

Croupous Pneumonia

How long

2 days

Immediate

How long

..

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jos. J. Hering
Westfield

Accident or Suicide?

de

Shaver
Bethel Church
Carrollton

Name
in
Full

Maryanne H. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oakland	Carroll			
Date of death	Month	Day	Years	Months	Days
1906	Nov	16	x	2	1
Sex	Male	Color or Race	8 ft. 6 in.	Birth-place	Oakland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Maryanne H. Green				
Mother's Maiden Name	Annie M. Shultz				
Name of person giving Information	Maryanne H. Green				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

(51)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R.D. Shultz

Hannoverville
Baltimore Md

Accident or Suicide?



Name
in
Full

Rachel M. Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Lykessville		Carroll	Months	Days
Date of death	Month	Day	Years	
1906	Nov.	19 th	Age	51.
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife			
Married, S ^t te or Wid ^w	Name of Wife or Husband			
Married	Sara Euson			
Father's Name	Daniel Brooks			
Mother's Maiden Name				
Name of person giving information	Joshua R. Green			
CAUSES OF DEATH				
Primary	Chronic Malnutrition			
Malnutrition	How long	about 1 year		
Immediate	How long	-		

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

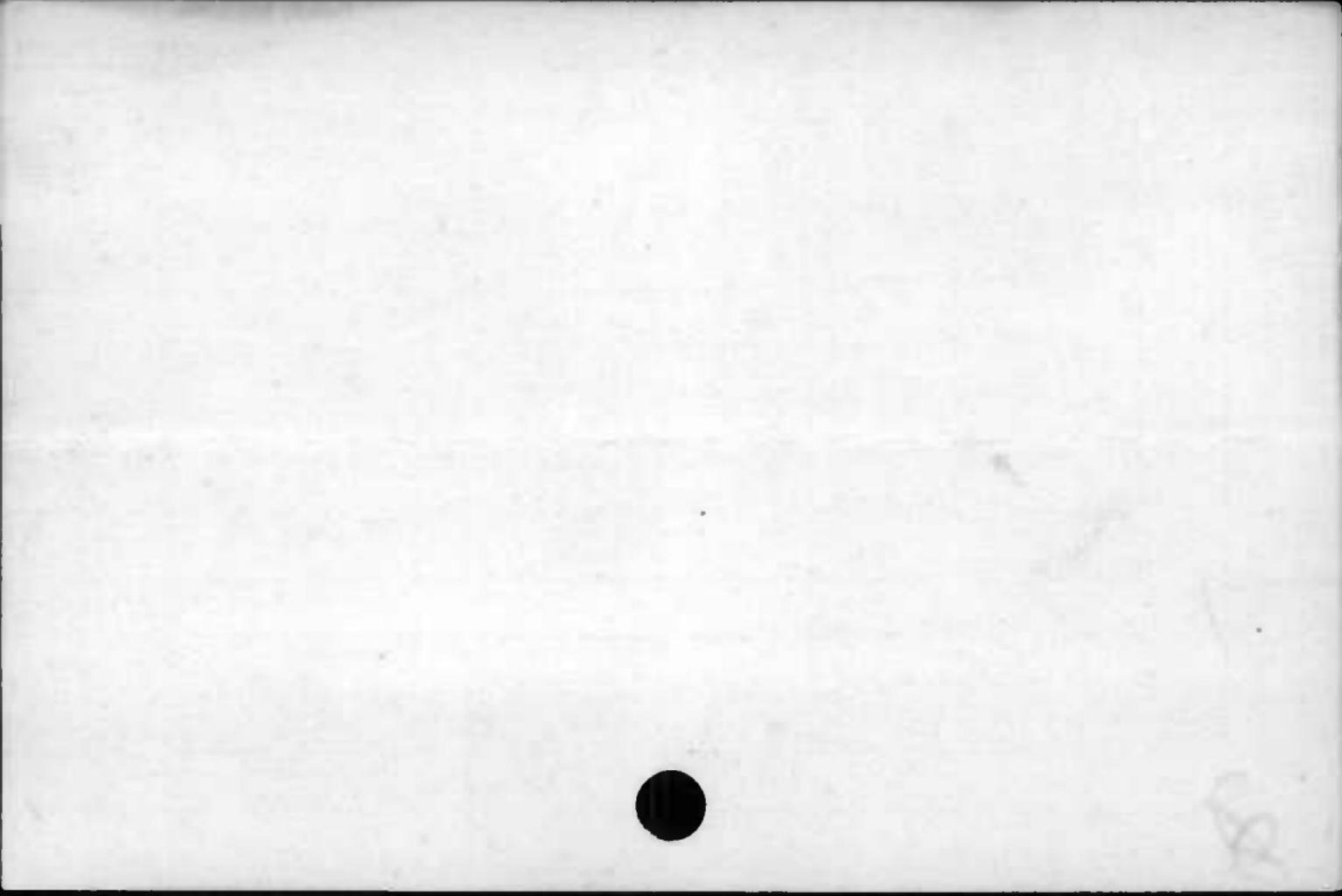
John Norfolk Morris M.D.

Address

Lykessville, Carroll Co

Maryland

Accident or Suicide?



Name
in
Full

Ada Felicia Greenwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	86	9	8
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving information					

House wife

Widow

John Devilia

John Moore

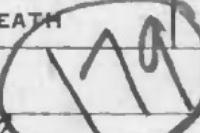
no

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asthma



How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

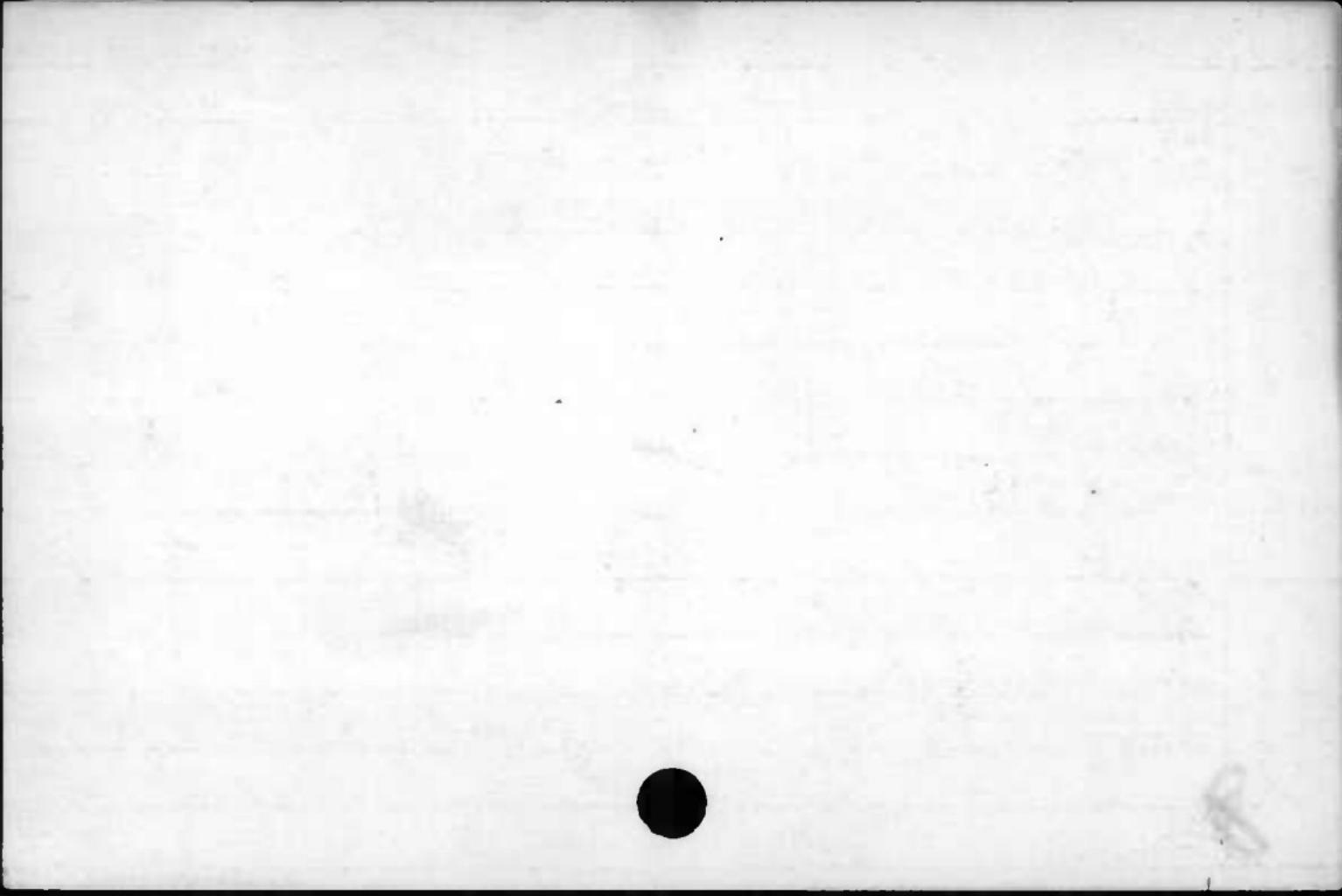
Signature of Physician

Accident or Suicide?

Address

S. J. O'rook's
Moatton





Name
in
Full

Angelina Hobbs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Abel Marfield		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Aldridge		Mother's Birthplace	"	
Name of person giving information	Mrs Isabella Coole		How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

chronic nephritis

How long

(20)

How long

Immediate

cardiac failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

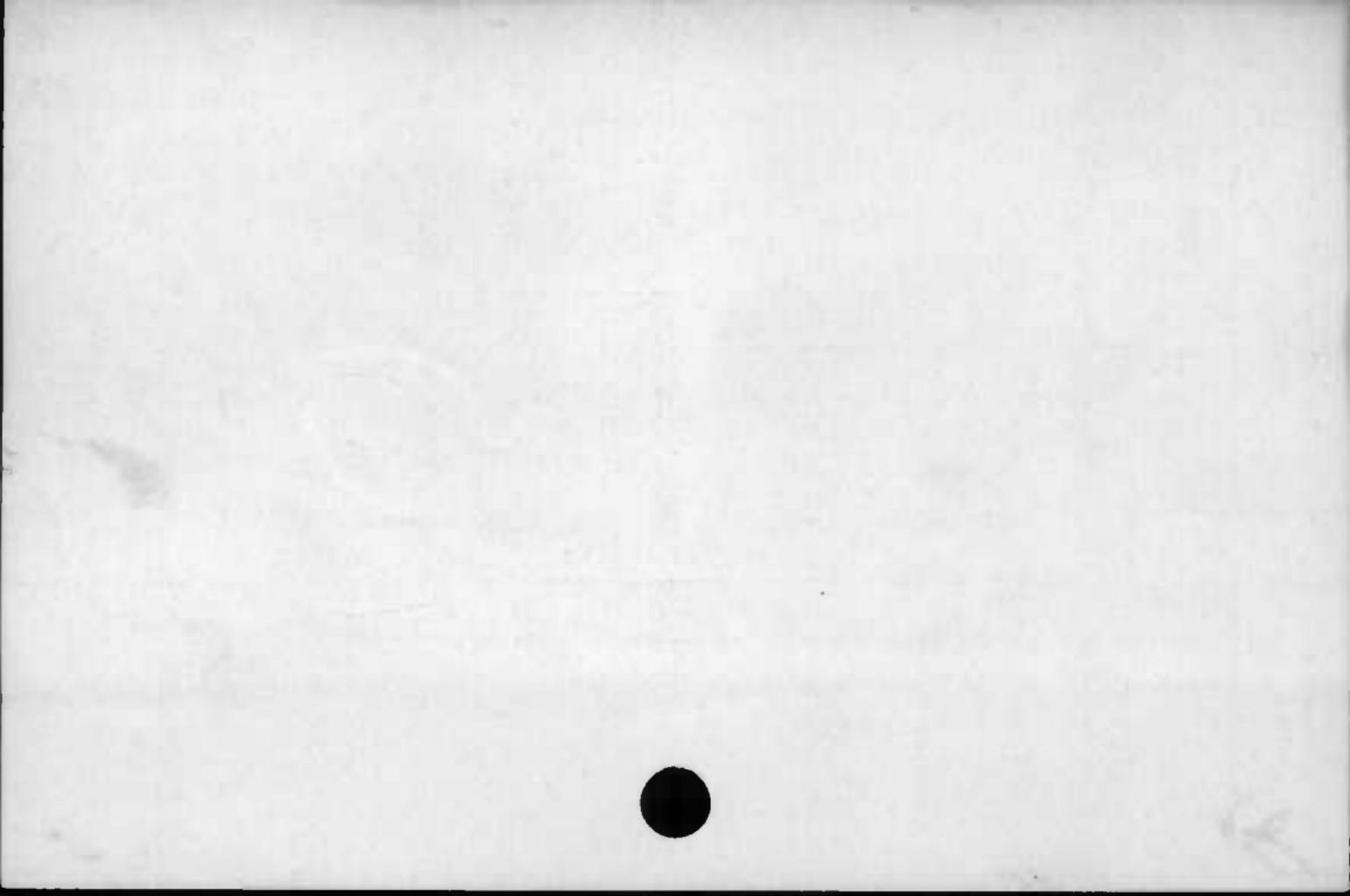
Address

J. Clement Clark
Sykesville

mt



Accident or Suicide?



Name
in
Full

Sister Guy S. Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at home Eldersburg		Town	County	MARYLAND	
Date of death 1906	Month Nov	Day 19	Years 2	Months 6	Days 14
Sex Male	Color or Race Black	Birth-place Md.			
Occupation none	Where Residing if not at place of death Eldersbury				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Harvey Horsey	Father's Birthplace Md.				
Mother's Maiden Name Florence Johnson	Mother's Birthplace Md				
Name of person giving information Florence Johnson	How related to deceased mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Membranous Croup (a) 2 days

Immediate

Asphyxia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

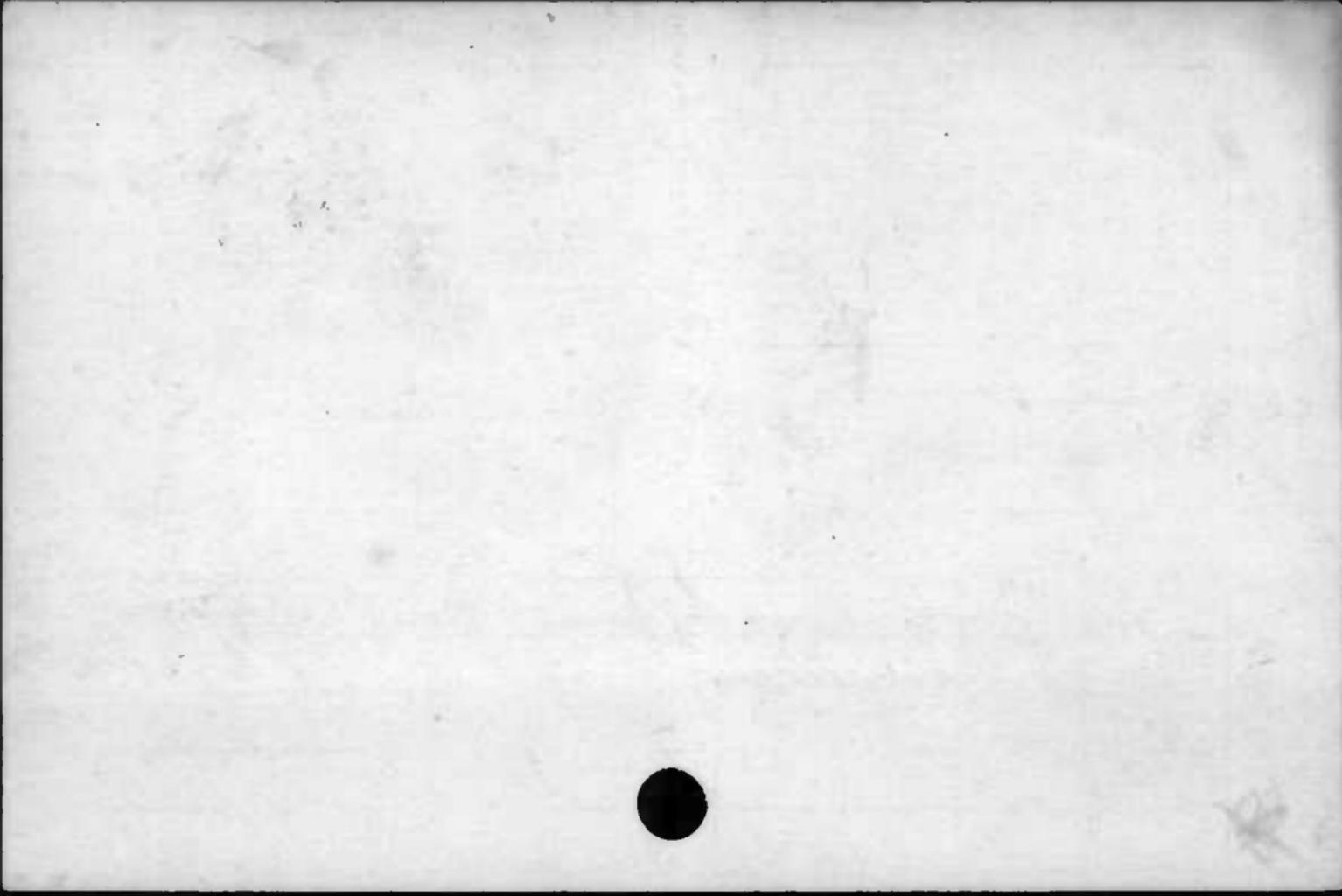
Address

M D Morris MD

Eldersbury

md.

Accident or Suicide? —



Name
in
Full

Sarah Ann Kemper

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Langtowan

County

Carroll

MARYLAND

Date
of death

1906

Month

11

Day

11

Years

72

Months

8

Days

5

Age

72

Sex

Female

Color or
Race

White

Birth-
place

Ned

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Henry Kemper

Father's
Name

George Keefer

Father's
Birthplace

Pa

Mother's
Maiden Name

Zeydia Clear

Mother's
Birthplace

Ned

Name of person giving
Information

George Kemper

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Thrombosis, Acute Softening of Brain

How long

1 year

Immediate

Exhaustion

How long

1 week.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

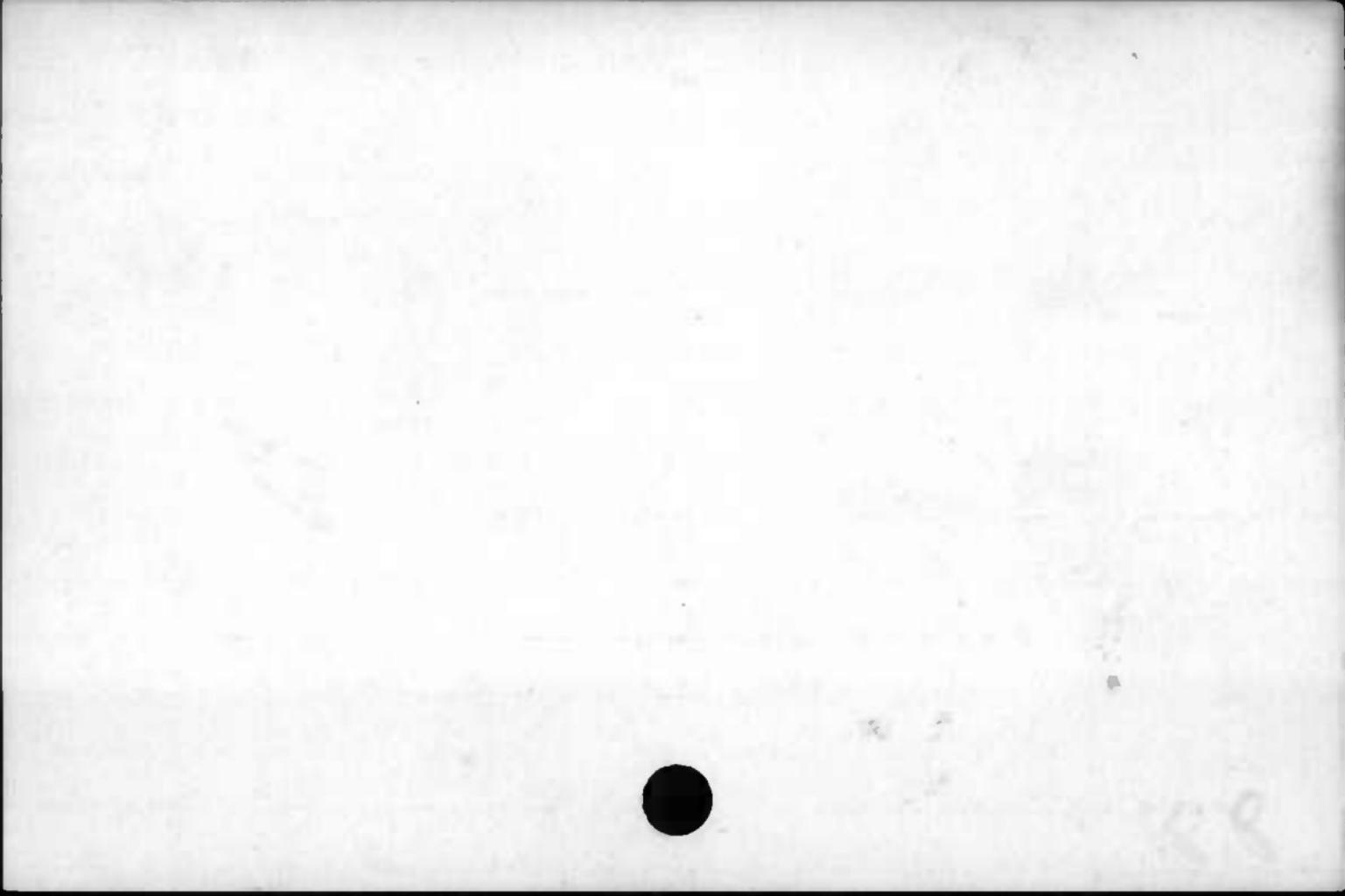
Address

D. T. Seiss
Traceytown
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

J



Hyman Vernon Lippy

Town

County

MARYLAND

Died at

Manchester

Carroll

1906

Month

Day

Y.

M.

D.

Native of

Date 1899

Nov 8

1

8

-

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

 Mother's
Name

Annie E Albright

Cause of

Primary

Nephritis

How long sick

4 weeks

Death

Immediate

Convulsions

119

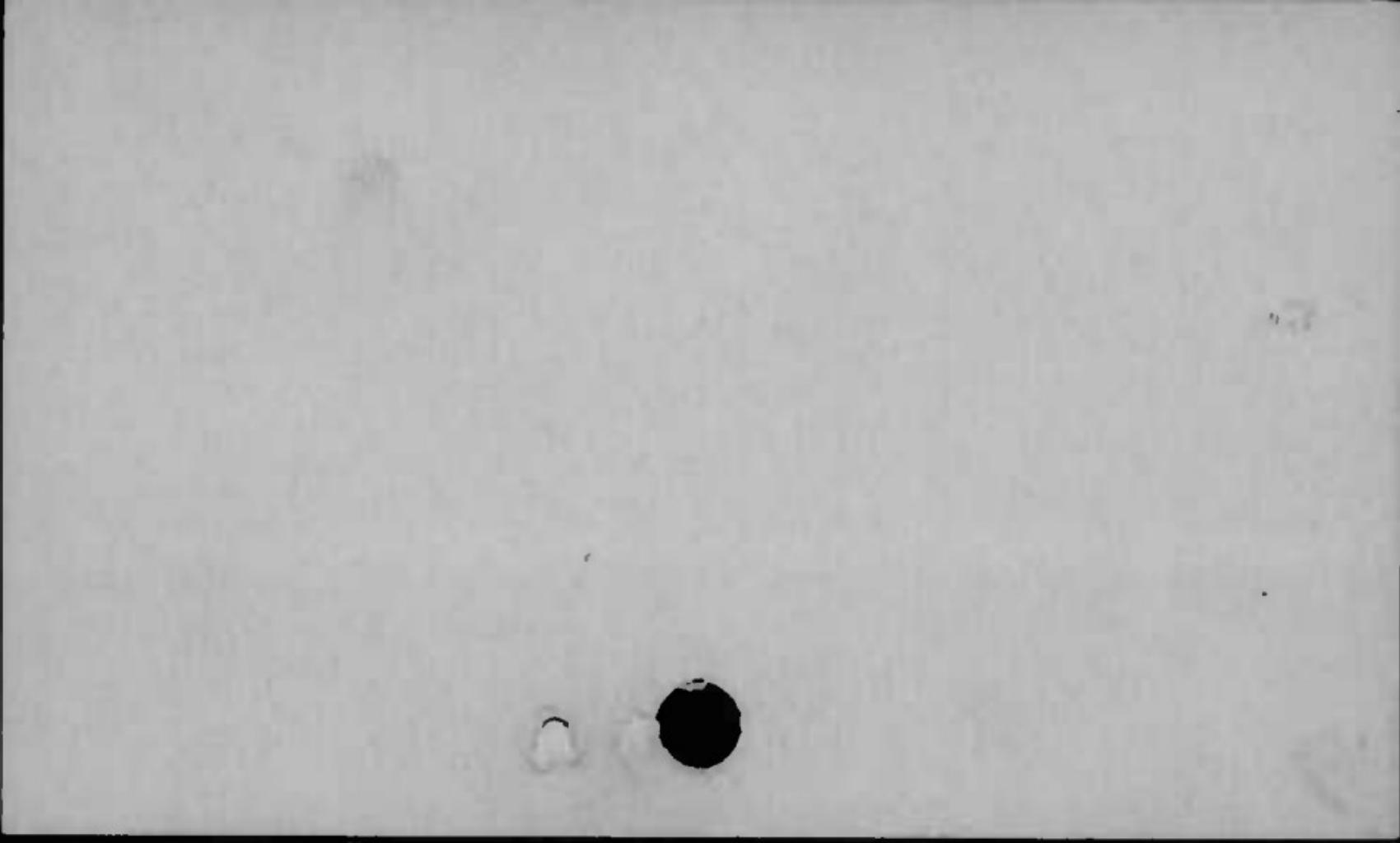
Accident, Suicide, Homicide

Reported by

J H Sherman M.D.
Manchester

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Follis Geneva McClellan

CERTIFICATE OF DEATH

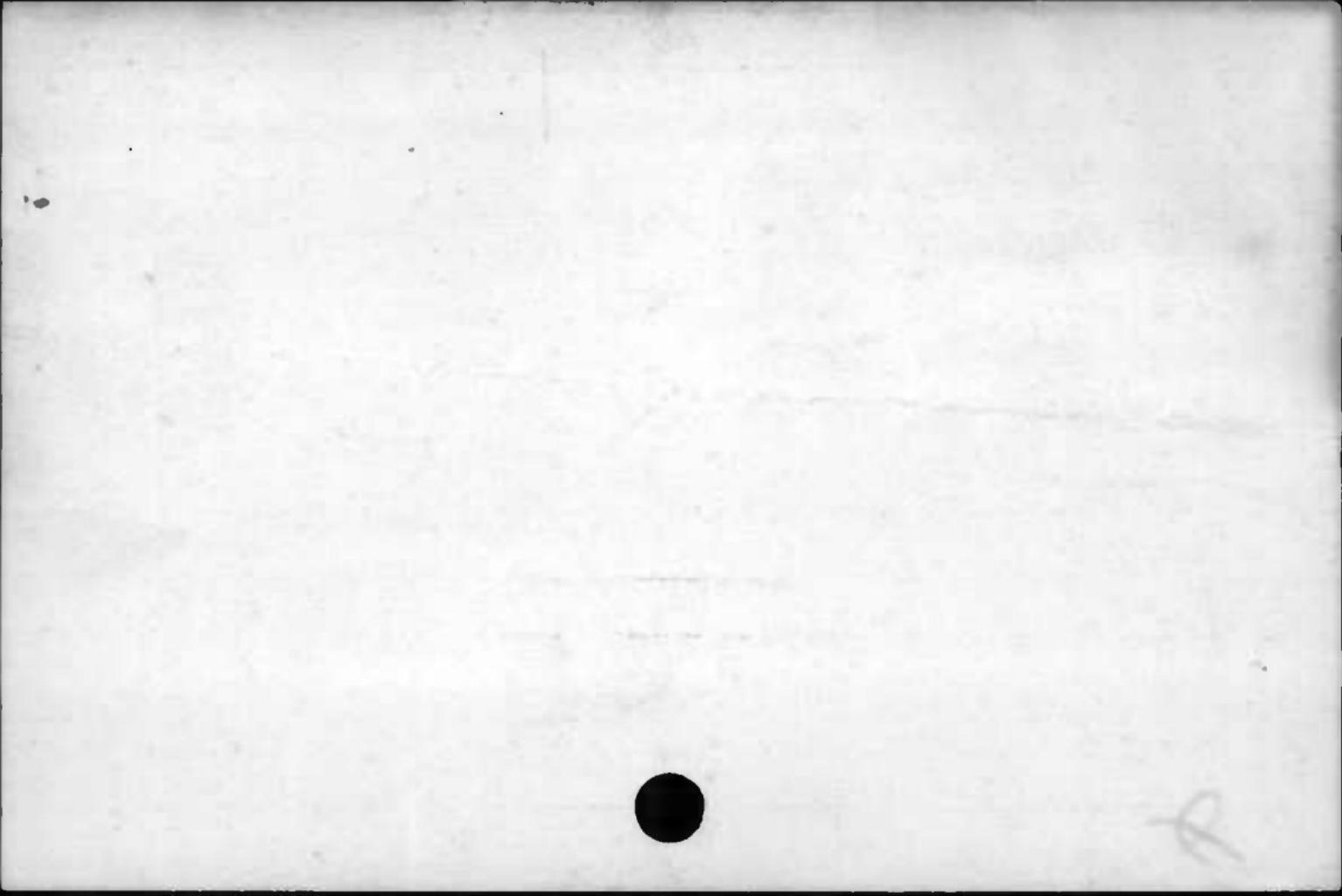
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white American	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John McClellan				
Mother's Maiden Name	Agnes T. Burnes				
Name of person giving information	John McClellan				
Father's Birthplace	Westminster				
Mother's Birthplace	Fult Co. Md				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria.	(9)	How long	9 days
Immediate	Toxemia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. E. Bromwell
			Address	W. Mt. airy. Md.
J				
Accident or Suicide?				



Mary Lee
Town: Hale-bow County: Carroll

Died at MARYLAND

Died at	Month	Day	Age	Native of	Occupation
Date 1909 <u>1906</u>	<u>11</u>	<u>10</u>	<u>4</u> M. D.		
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband
of

Wife

Father's
Name

Cause of
Death

Death

Reported by

Address

Mother's
Name

How long sick

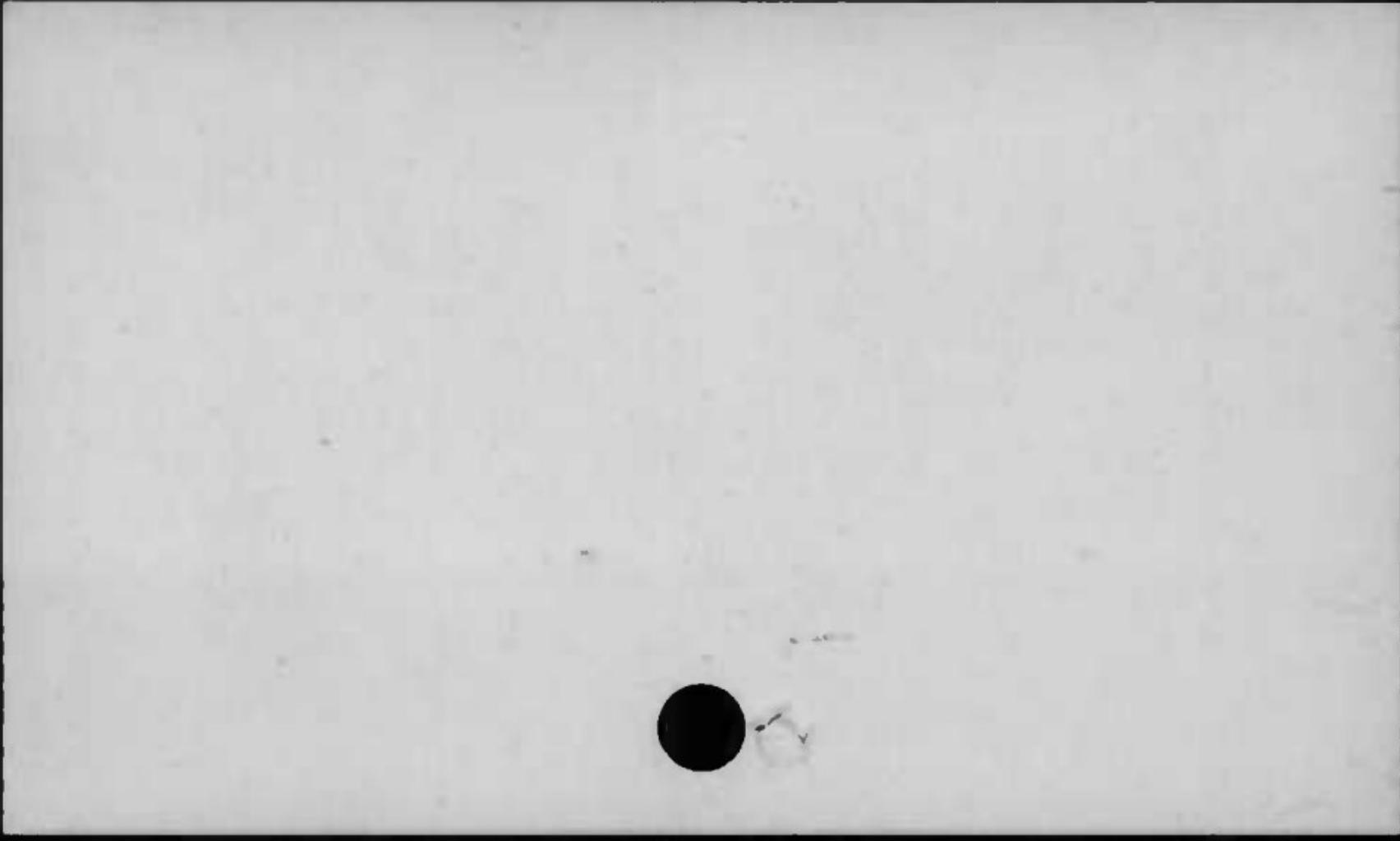
Accident, Suicide, Homicide

Richard Martin Lily Martin

the brain

F. B. I. Laboratory M. A.

Mary Lee 



Name
in
Full

William St Melburne

147

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Mary Union Bridge</u>	<u>Caltimore</u>				
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>2</u>	Years <u>52</u>	Months <u>8</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Fredricks Co.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<u>Martha E. Melburne</u>			
Father's Name	<u>Wm Melburne</u>				
Mother's Maiden Name	<u>Elizabeth Pease</u>				
Name of person giving information	<u>Family</u>				
How related to deceased					

CAUSES OF DEATH

Primary	<u>Typhoid fever</u>	How long	<u>6 weeks</u>
Immediate	<u>Heart failure & hemorrhage</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Dr J. A. Elsaff</u>
		Address	<u>Mary Union Bridge Md</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER'

J

mt Olive

Name
in
Full

Lily Ellen Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	White	Birth- place	Days	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Miller	Father's Birthplace	Williams		
Mother's Maiden Name	Margued Miller	Mother's Birthplace	Greenmount		
Name of person giving Information	Margued Miller	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

5 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

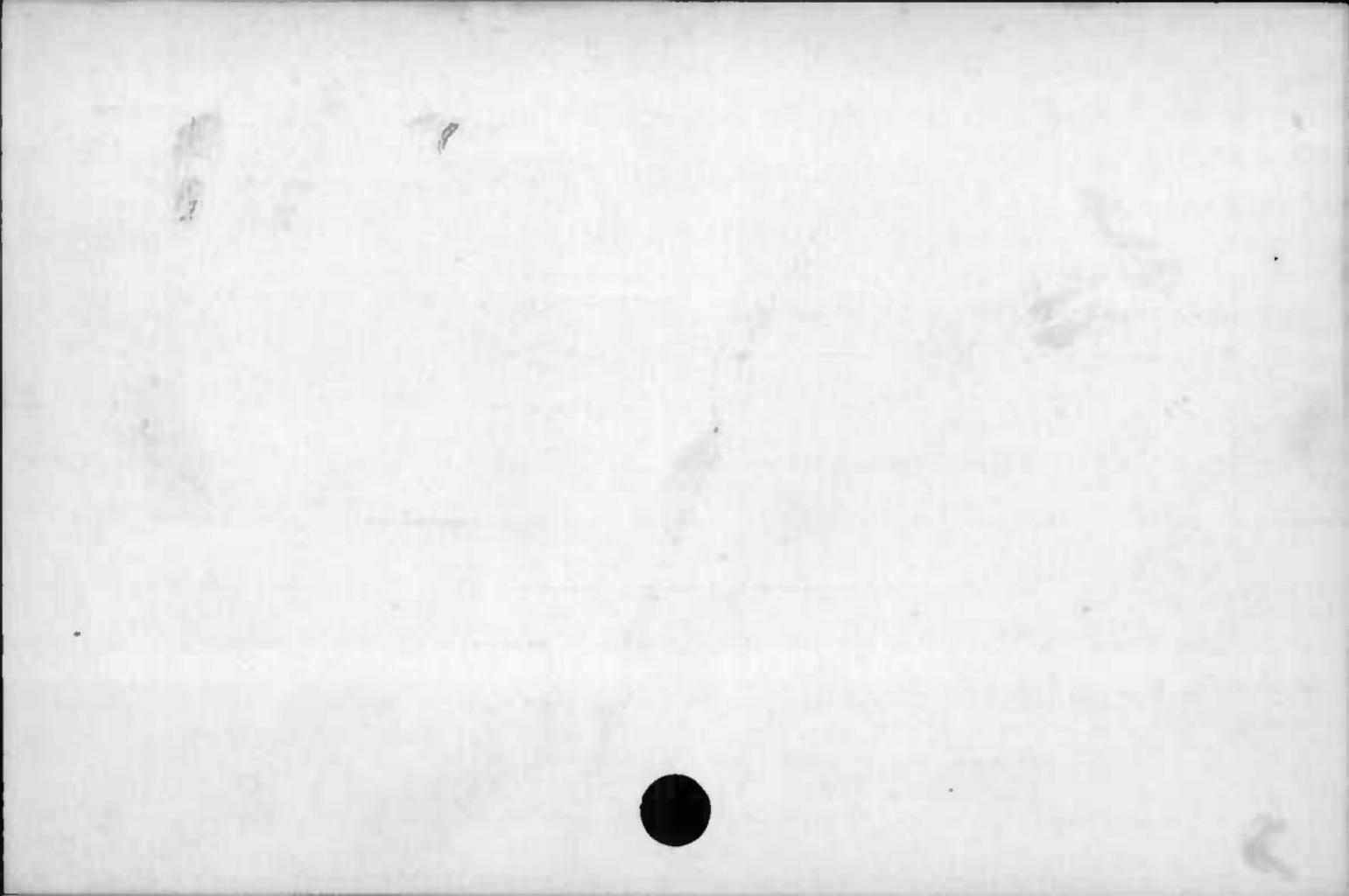
✓ Mother

Signature of
Physician

Address

P. Preston MD
Maine Street

Accident or Suicide?



Name
In
Full

Annie E. Ocker

102

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Germany		
Mother's Maiden Name	Maryland		
Name of person giving Information	Brother-in-law		

Single

Jacob Ocker

Margant Stevenson

David J. Roff

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Myxedema

89

How long

15 Years

Immediate

Old age

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jacob Kuehnl M.D.
Frizellburg Md

Accident or Suicide?

Shanner
Westminster Cemetery

Name
in
Full

Samuel Ott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Ind
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Matilda Ott			
Father's Name	John Ott		Father's Birthplace Ind			
Mother's Maiden Name	Mary Singer		Mother's Birthplace Ind			
Name of person giving Information	Matilda Ott		How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Abscission

(64)

How long

20 minutes

Immediate

Cerebral Hemorrhage

How long

11 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

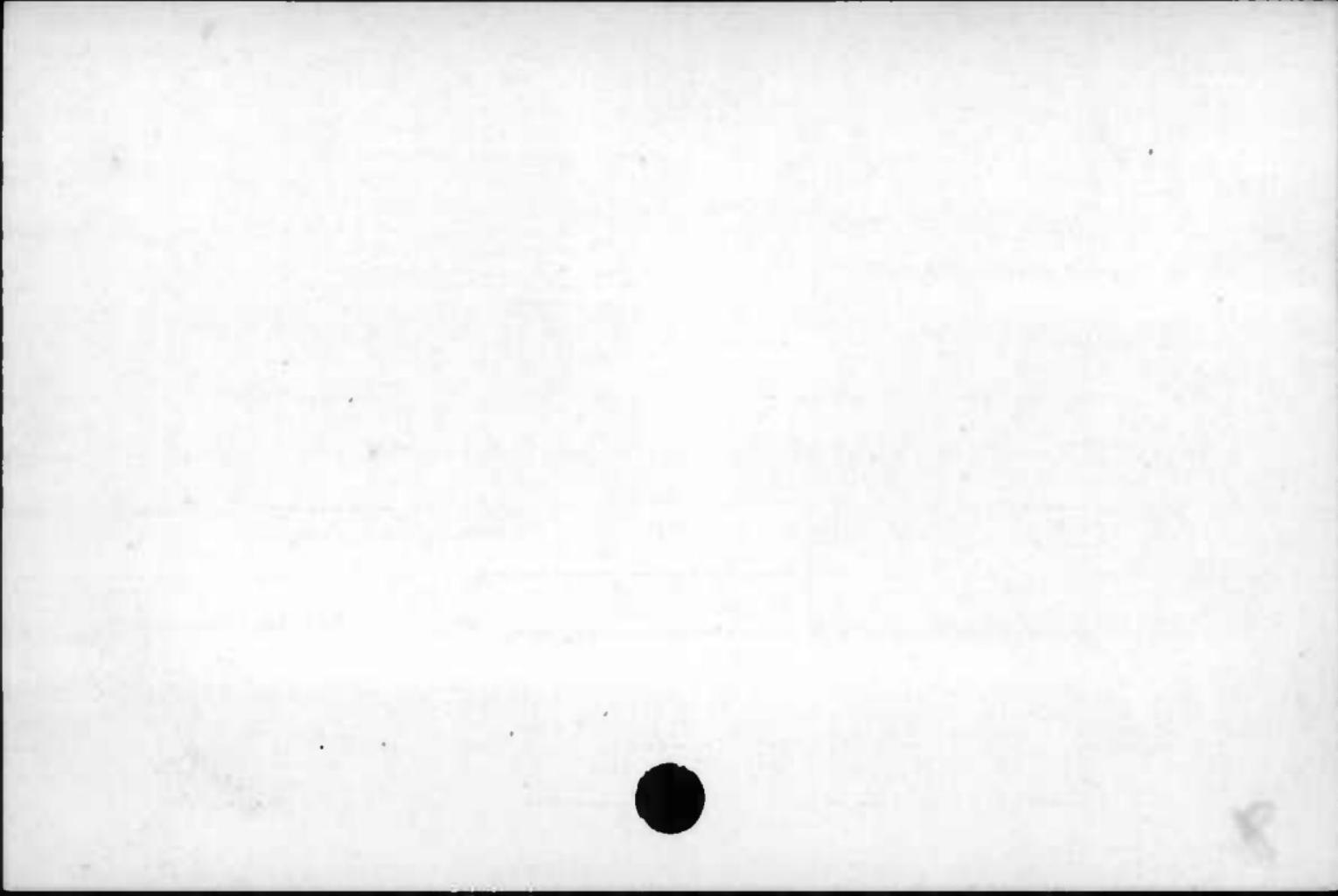
Address

Charles E. Corp.

Taneytown

Ind.

Accident or Suicide?



Name
in
Full

William H. Pickett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Winfield	Carroll	
Date of death	Month	Day	Years
1906	11	20	84
Age	Months	Days	
	4	16	
Sex	Color, or Race	Where Residing if not at place of death	
Male	White	Winfield Md.	Maryland
Occupation			
Shoemaker			
Married, Single or Widowed	Name of Wife or Husband		
Married	Anelia A. Pickett		
Father's Name		Father's Birthplace	- -
Unknown			
Mother's Maiden Name		Mother's Birthplace	- -
Unknown			
Name of person giving Information		How related to deceased	
M. D. L. Pickett	Son		

CAUSES OF DEATH

Primary

Subacute Gastritis

(104)

few long

6 months

Immediate

Senile Debility

few long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. D. Creek

Winfield Md

Accident or Suicide?

Elmer

Gladys Poulson

No 97

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Nov	9	Age	6	
Sex	Female	Color or Race	white	Birth-place	Carroll Co Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
single					
Father's Name	Evan Stucky -				
Mother's Maiden Name	Elsie Poulson				
Name of person giving Information	Cornelius Poulson				
Father's Birthplace	Carroll Co Md				
Mother's Birthplace	"				
How related to deceased	Grandfather				

CAUSES OF DEATH

Primary	Whooping Cough (8)		How long	2 weeks
Immediate	Convulsions		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. Woodward
			Address	Chestertown Md
Accident or Suicide?	2a			

Stone chapel cemetery
Stones

Name
in
Full

Edgar D. Powell
Town Pleasant Valley County Carroll

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Pleasant Valley Carroll				MARYLAND	
Date of death 1906 November	Month	Day	Years	Age	Months	Days
		22		67	10	13
Sex	Color or Race	White				
Occupation Farmer	Where Residing if not at place of death					
Married, [initials] never married	Name of Wife or Husband					
Father's Name Jacob Powell	Father's Birthplace					
Mother's Maiden Name Hanna Rennecker	Mother's Birthplace					
Name of person giving information Robert Powell	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Heart Failure

179

How long

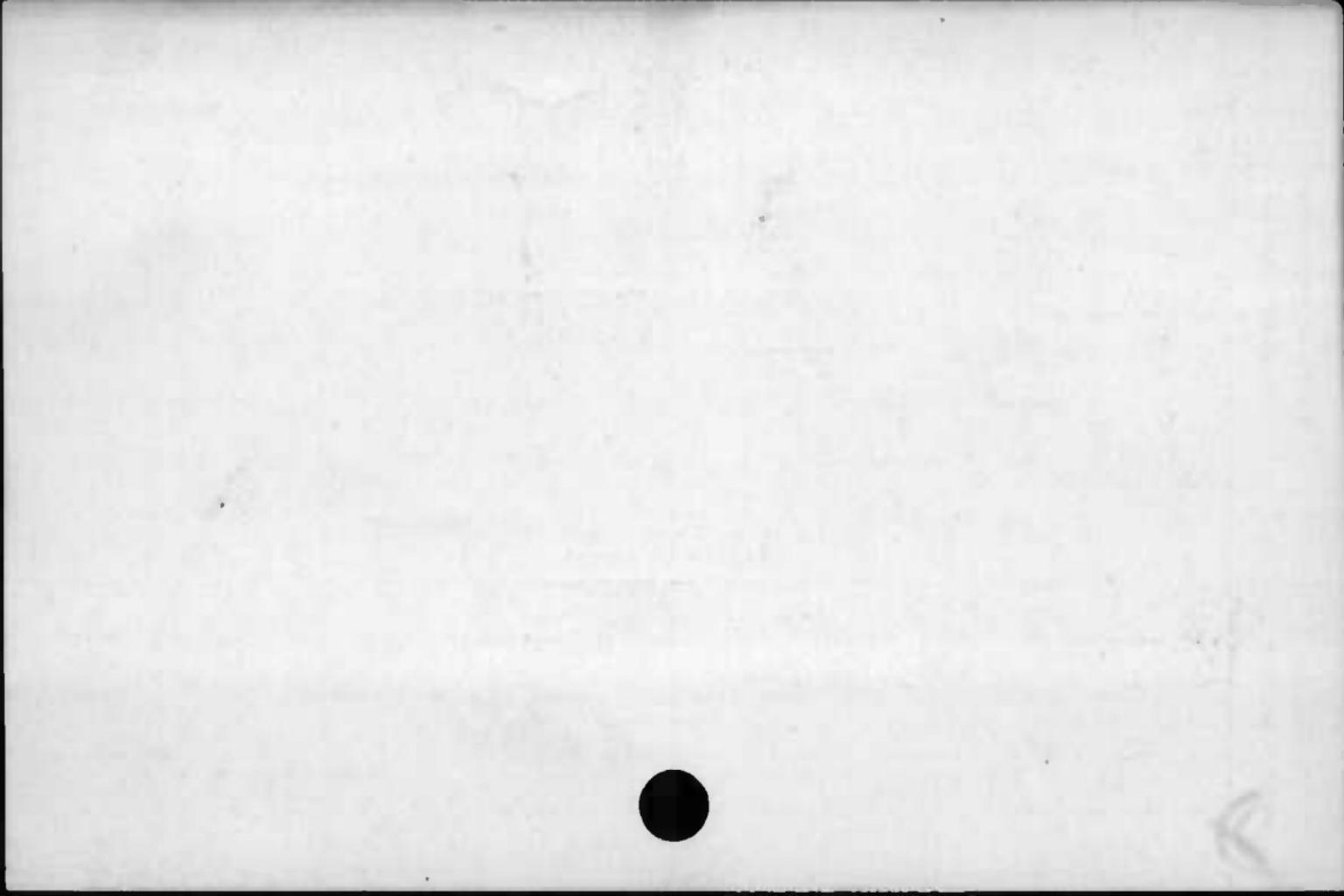
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Francis Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Springfield Hospital		Carroll		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Nov.	25	34		
Sex	male	Color or Race	White	Birth- place	N.J.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	J. Henry Smith				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information	Hospital record				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epileptic dementia

How long

Many years

Immediate

Asphyxiation

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Char. J. Carey

Yes

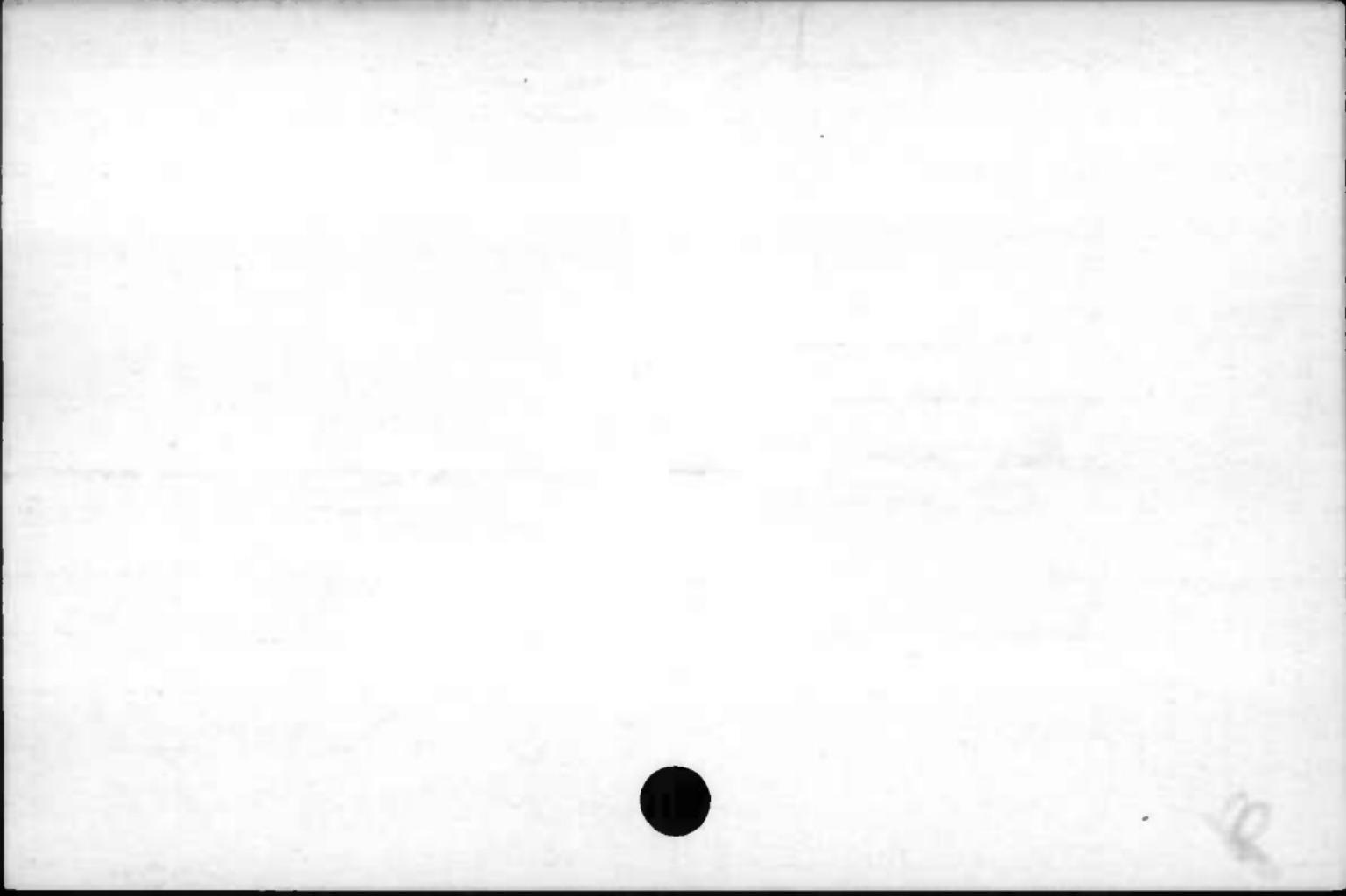
Address

Sykesville - Md

Accident or Suicide?

Meat lodged in throat

8



Name
in
Full

148

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Raymond Stetely

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Union Bridge	Garrison				
Date of death	Month	Day	Years	Months	Days
1906	Nov.	17	3	9	17
Sex	Age	Color or Race	Birthplace		
Male	3	White	Lindenhurst		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Single	Nellie Stetely	Lindenhurst			
Father's Name	Mother's Birthplace				
Neilton Stetely	"				
Mother's Maiden Name	How related to deceased				
Enya Wagner	"				
Name of person giving information					
Family	7A				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Poison from Ligot

5 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. E. Stetely
Union Bridge
Lindenhurst

Accident or Suicide?

Union Chapel.
Fred G

Name
in
Full

Louis A. Stolpp

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Springdale Hospital		County Carroll		MARYLAND	
Date of death 1906	Month Nov.	Day 11"	Years 67	Months	Days
Sex M	Color or Race White	Birth-place Md			
Occupation Baker	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband				
Father's Name John Louis	Father's Birthplace France				
Mother's Maiden Name Louise Fredericka —	Mother's Birthplace Germany				
Name of person giving information Hospital records	How related to deceased				

CAUSES OF DEATH

Primary

Paralytic dementia

How long

?

Immediate

Chronic Nephritis & Uremia

How long

?

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

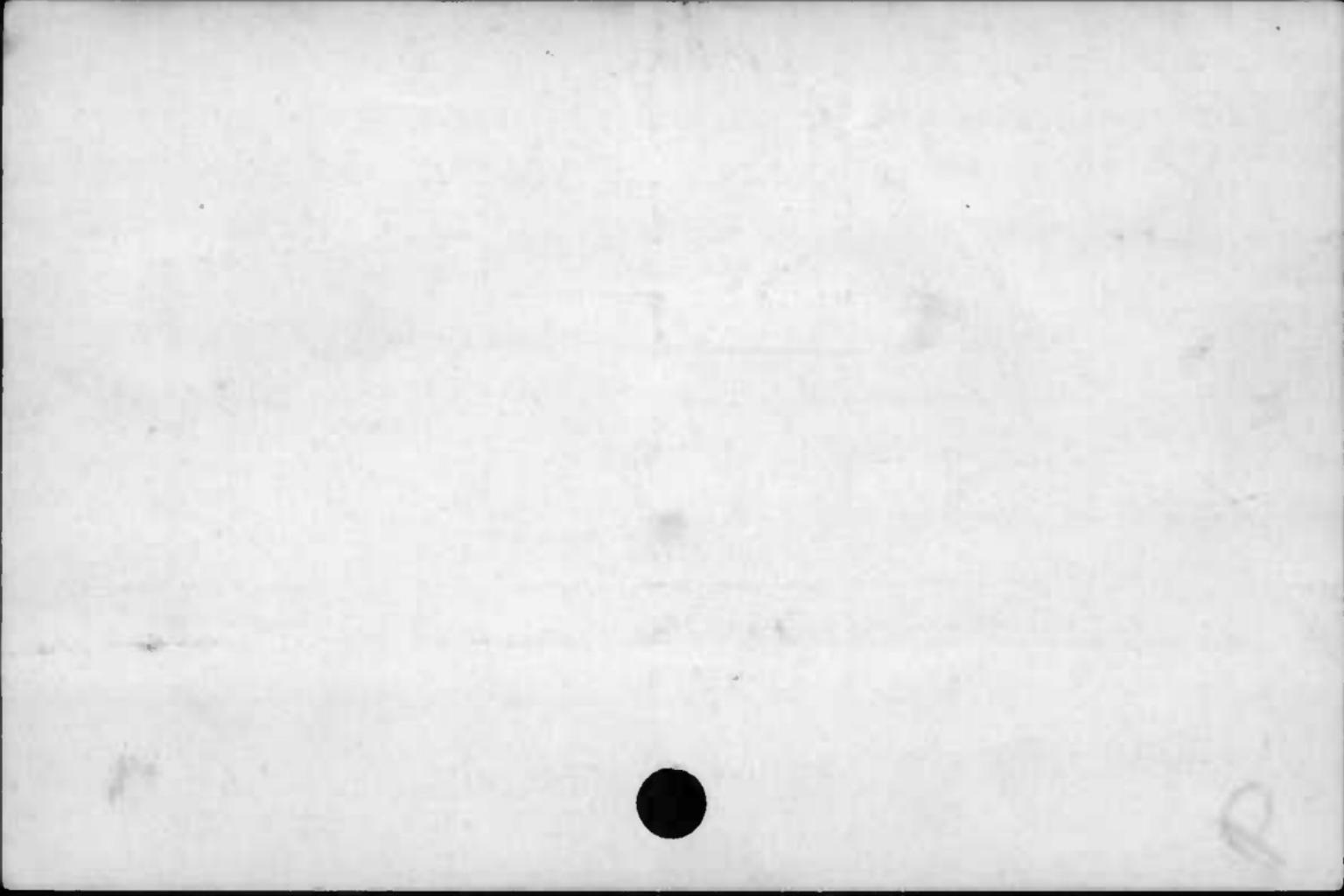
Signature of Physician

Address

Chas. J. Carey
By Knoxville Md.

Accident or Suicide?





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John H Taylor

No 100
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Margaritta Maga	
Father's Name	Samuel Taylor		
Mother's Maiden Name	Lout Knud		
Name of person giving information	Charles. Taylor		

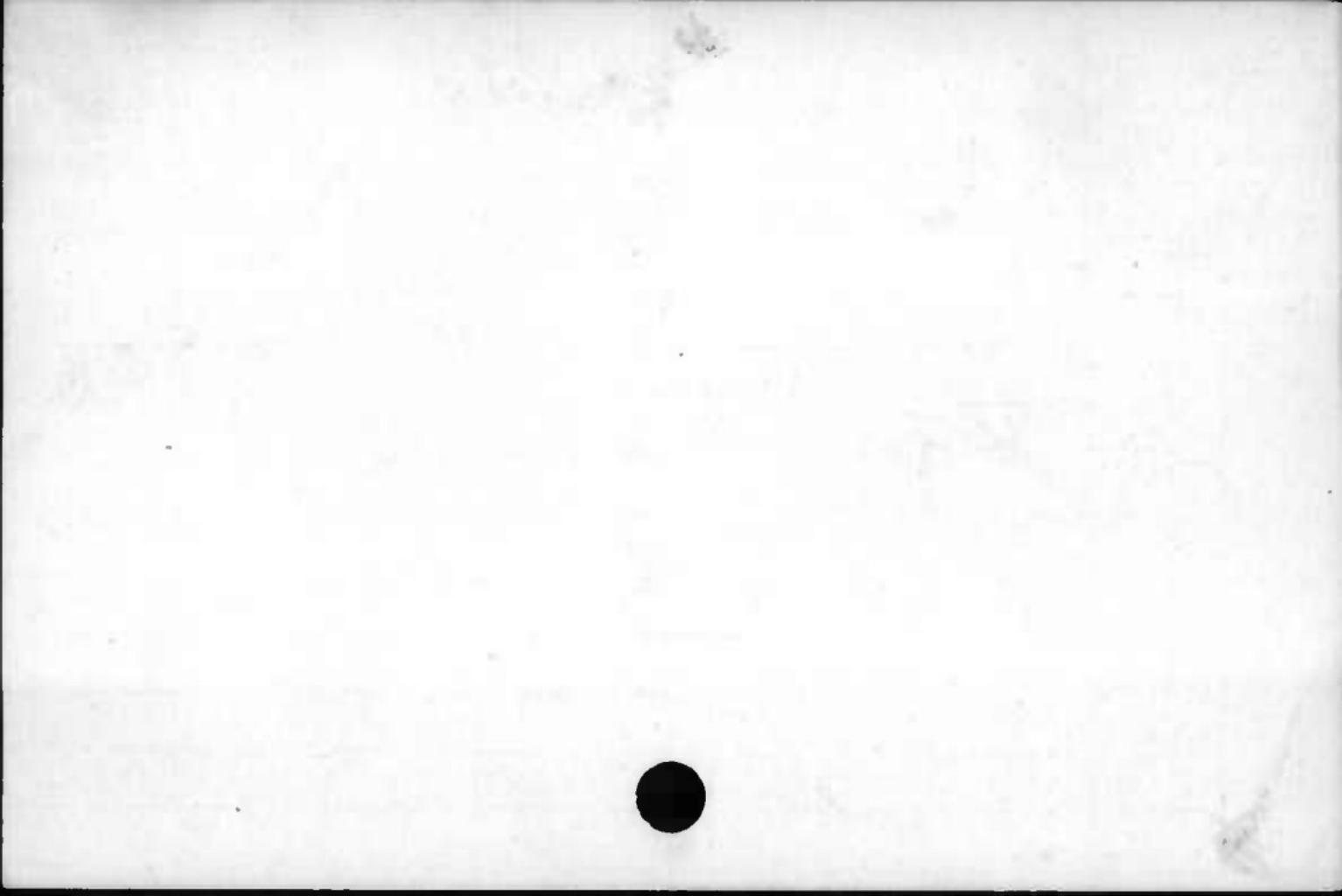
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long
Immediate	"		2 days

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. J. H. Taylor
		Address	Medical

Accident or Suicide?



Name
in
Full

Rosa Belle Walsh

No 99
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Carrollton		County	Carroll	
Died at	Month	Day	Age	Years	Months
Date of death	1906	Nov 16	16		8
Sex	Color or Race	white	Birth-place	Carroll Co Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	John Walsh		Father's Birthplace	Carroll Co Md	
Mother's Maiden Name	Ellen Frank		Mother's Birthplace	" " "	
Name of person giving information	Michael Walsh		How related to deceased	Niece	

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

Typhoid fever

How long

4 Weeks

Immediate

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Baltimore Md
Wishum Street

Accident or Suicide?

St John's Catholic Cemetery
Stonew.

Name
in
Full

Lena Wohlgemuth

CERTIFICATE OF DEATH

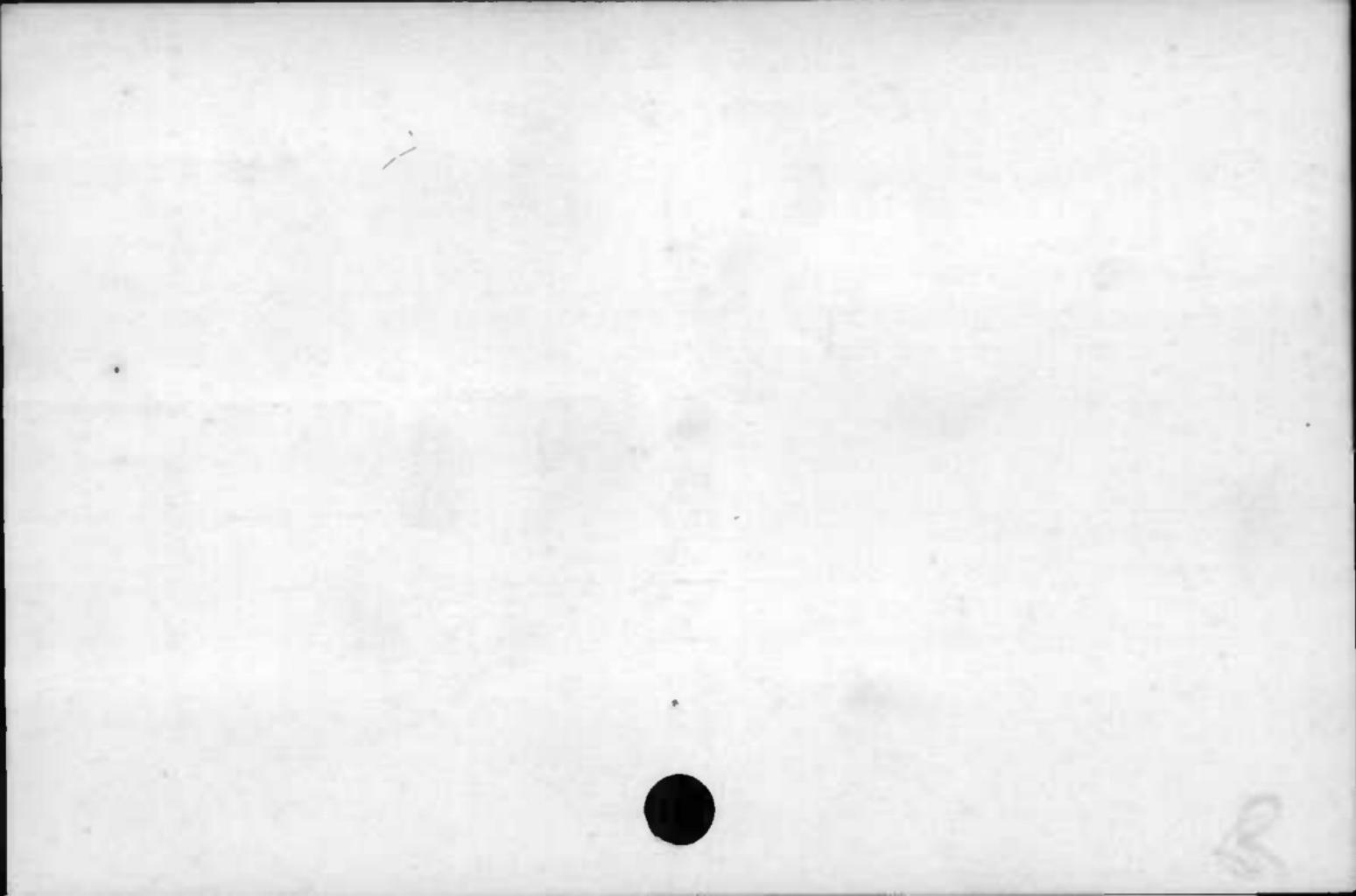
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place
Occupation	Seamstress			Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	-	
Father's Name	Unknown			Father's Birthplace
Mother's Maiden Name	"			Mother's Birthplace
Name of person giving information	Mt. Hope Authorities			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ptosis Pulmonalis	How long	21 years
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Norfolk Morris M.D.
		Address	Springfield Hospital, Sykesville, Carroll Co. Md.
Accident or Suicide?	-		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Gus Wright						CERTIFICATE OF DEATH		
Died at	Town <u>Bennett</u>	County <u>Carroll</u>				MARYLAND		
Date of death	Month 1906 11	Day 2	Age 33	Years	Months	—	Days	
Sex	Male	Color or Race	Colored	Birth- place	Maryland			
Occupation	Laborer	Where Residing if not at place of death			Bennett, Md.			
Married, Single or Widowed	Married	Name of Wife	Rachael Wright					
Father's Name	Edward Wright	Father's Birthplace			Md.			
Mother's Maiden Name	Caroline Frogbury	Mother's Birthplace			Md.			
Name of person giving Information	Edward Wright	How related to deceased			Father,			

CAUSES OF DEATH

Primary

Pneumonia Tuberculosis

How long

2 months

How long

Immediate

" "

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Ed Crank
Winfield, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

White Rock

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Howard M. Zile

CERTIFICATE OF DEATH

Died at

Town

Harpfield

County

Carroll

MARYLAND

Date
of death

1906

Month

11

Day

3

Years

58

Age

Months

7

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Brewhouse

Where Residing if not
at place of death

Harpfield, Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Eleanor Zile

Father's
Name

David H. Zile (deceased)

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Parish (deceased)

Mother's
Birthplace

Md.

Name of person giving
Information

Howard M. Zile

How related
to deceased

Son,

CAUSES OF DEATH

Primary

Carcinoma of stomach

How long

40

2 yrs

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E D Crook
Harpfield

Accident or Suicide?

E. fawcett